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Governor

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**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY**

APPLICATION FOR ELEVATOR INSPECTOR LICENSE

PLEASE TYPE OR PRINT

General Information

Name of Applicant: _____ Social Security No. _____

Home Address: _____

Home Telephone Number (optional): _____

Business Address: _____

Business Telephone Number: _____

E-mail Address (optional): _____

Education/Experience

High School Diploma/GED Yes ☐ No ☐

Briefly summarize your experience in the construction, installation, maintenance,
repair, operation, or inspection of elevator equipment: _____

Years of experience in mechanical or electrical field. _____

Years of experience in the design, construction, installation, repair or inspection of
elevator equipment. _____

Years of formal engineering education. _____

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Beginning with the most current employer, list your former employers and positions held with each employer during the past five years. _____

Current Employer _____

Nature of Business _____

Supervisor's Name _____

Supervisor's Business Address (*required*) _____

Please attach a current copy of your QEI or BOCA Certification and proof of liability insurance coverage as required by 11 CSR 40-5.120. Failure to do so will delay the issuance of your Elevator Inspector License.

QEI or BOCA Certification number _____

Have you ever had your QEI Certification revoked or suspended in any state of the United States or Province of Canada?

Yes ☐ No ☐ If so, please explain on a separate page.

I hereby certify that I have read, am familiar with and possess a copy of RSMo 701.350 through 701.380, otherwise known as the Elevator Safety Act, and 11 CSR 40-5.010 through 11 CSR 40-5.150, otherwise known as the Elevator Safety Act. As a licensed elevator inspector, I will perform my duties in accordance with these rules and regulations.

Applicant's Signature